MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 1000 662 Primary Registration District No. _Registrar's No. _ Registration District No. DO NOT WRITE AMENDED ON THIS STUB 1. PLACE OF BEATH JUN 18 1962 2. USUA1 RESIDENCE (Where deceased lived. If institution: Residence before * STATEMISSOURI VS 300 a. COUNTY admission) AMENDED Buchanan Buchanan Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits TOWN TÖWN Yes 12 No □ St. Joseph St. Joseph 40 vears c. FULL NAME OF (If NOT in hospital, give location) (If cutside, give location) d. STREET Inside Limits Reside on Farm HOSPITAL OR ADDRESS INSTITUTION 2514 S. 14th St. Yes 😨 No 🗌 Yes 🔲 No 😡 2514 S. 14th St. 3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year 3 (Type or print) BENJAMIN ALLISON DEATH June 5, 1962 a 9. AGE (last birthday) | 1F UNDER 1 YEAR 1F UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married X Never Married □ 8. DATE OF BIRTH Days Hours Widowed □ Divorced IT 4/3/1886 whi te male 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Š farm Effingham, Kansas retired farmer USA 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 5 F Milton Allison Katurrah Thomas Elsie 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes, give war or dates of service Elsie Allison, 2514 S. 14th, St. Joseph, Mo. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), write (c). PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH Hemorrhage 10 Cerebrai IMMEDIATE CAUSE (a) 11 Arteriosclerosis + Hypertension Conditions, if any, which gave rise to INST above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased there a pregnancy in last 90 days. ☐ Unknown AMENDMENT 19. WAS AUTOPSY PERFORMED? YES NO 2 HOMICIDE OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. p.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK *IYPEWRITER* June 4, 1962 and last saw her alive on June 21. I attended the deceased from 1:35 p m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22b. ADDRESS 22c. DATE SIGNED 22a, SIGNATURE ō 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, AFFIDA ġ hurial (Specify) 6/9/1962 Savannah Cemetery Savannah Missouri ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ITEM 24. FUNERAL DIRECTOR St. Joseph, Mol. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	E ///
Student	Signed Cup word
Signature of Student Embalmer	Licensed Embalmer No. 3804
	P. O. Address 3/9 Solate, Stylingh, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.